

## MAMMOGRAPHY (MAMMOGRAM) – QUESTIONNAIRE

1. I have medical complaints: Where? Vorbilder vorhanden:  yes  no

Today is my  cycle day (calculated from the first day of the period)/menopause since

2. I have ailments  yes  no

- Pain  Shrinkage  Breast enlargement  Skin changes/Redness  
 Palpable nodes  Loss of liquid  Pulling pain in my breast

Where? Please indicate the location below:



3. Breast diseases  yes  no

If yes, when:  Which side:  Which disease:

4. Breast surgery  yes  no

If yes, when:  Which side:   benign  malignant  implant

Post Treatment:  chemotherapy  irradiation  antihormone therapy  none

5. Does breast cancer run in the family?  yes  no

If yes, who:  daughter  mother  sister  grandmother  aunt/cousin

Age of disease:

6. Abdominal surgery:  yes  no

If yes, when:  which:   benign  malignant

Post Treatment:  chemotherapy  irradiation  antihormone therapy  none

7. Does abdominal cancer run in the family?  yes  no

If yes, who:  daughter  mother  sister  grandmother  aunt/cousin

8. My last bone density test was on the

9. I am currently taking hormones  yes  no

If yes, which ones:  Since:

10. For women of childbearing age: Could you be pregnant?  yes  no

I consent to the conduct of the proposed examination.  yes  no  
 I confirm that I have read and understood the text.